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STATE OF SOUTH CAROLINA

RECEIVED

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(Caption of Case) Example: Application for a Class C Charter Certificate from 21 2009

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

John Doe dba Doe's Limo	a)
τ τ \sim	TRANSPORTATION COVER SHEET
Request for reinstatement of Class C Taxi Certificate	DOCKET 2009-277-T
Julius Baylock dba J & B Limo-Taxi	DOCKET 2001-2011 - 1 NUMBER: 1994 - 190 - T
•) NUMBER: 1004 - 100 - 1
Julius Baylock DBA	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
Submitted by: J. E. B. Limb - Taxer	Telephone: 843-76/-4392
Address: 1/9 DOBS Cornel	Fax:
monch Cornel SCI	Other:
29461	- Email:
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service be filled out completely.	ces nor supplements the filing and service of pleadings or other papers
NATURE OF ACTION	N (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request Please expidite
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application PSC SC	
DOCKETING I Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C REINSTATEMENT FORM

File the original with: Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: RECEIVED Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 10-21-09	
Please consider this an application for Reinstate (Taxi) Certificate	ment of my Class C:
Charter Certificate Charter Bus Certificate	
My Certificate of Public Convenience and Necess	sity No. is <u>& 181-A</u> My certificate was
revoked/cancelled on 10-14-09 because	of failure to submit an
S. E. B. Julius Barfock (Name of Company)	DBA J&B Limo-Tax1 (if applicable)
(Name of Company) 179 BUBS Cornel (Street Address)	(if applicable) (Mailing Address if different from Street Address)
Moncks Corned S.C. 2946/ (City, State, Zip Code)	(Signature)
(Telephone Number)	Title)

ORS Revised 1/29/08

Transportation CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY OF

OCT 21 2009

Julius Baylock DBA J& BLimo-TaxiT.T. R.S.

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2008

[] Calendar Year Ending December 31, 2008 or [] Fiscal Year Ending ______

